

# **SOFIA**

# **BENAVIDES**

**SEMI-ANNUAL  
REPORT  
JULY 15, 2023**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **14**

**OFFICE USE ONLY**

DEPARTMENT OF ELECTIONS  
REGISTRATION

Date Received

JUL 17 2023

RECEIVED

By: *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

11:11 AM

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST *Sofia C.* MI

NICKNAME

LAST *Benavides* SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*4090 Retama Drive  
Brownsville, TX 78521*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(956) 459-4020*

6 CAMPAIGN TREASURER NAME

MS / (MRS) MR

FIRST *Patricia P.* MI

NICKNAME

LAST *Matamoros* SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

*465 N. Illinois  
Brownsville, TX 78521*

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(956) 299-5554*

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
*01/01/2023    THROUGH    06/30/2023*

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     Other Description

*/ /*     General     Special

12 OFFICE

OFFICE HELD (if any)

*Commissioner Precinct 1*

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

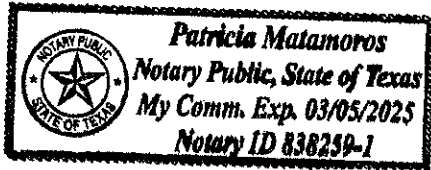
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <i>Balance Forward</i>	\$ 50,971.28
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,200 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE <i>Under \$100<sup>00</sup></i>	\$ - 4,832.87
	4. TOTAL POLITICAL EXPENDITURES	\$ - 18,146.71
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <i>Balance</i>	\$ 39,191.70
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Sofia C. Benavides*  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sofia C. Benavides this the 17 day of July, 2023, to certify which, witness my hand and seal of office.

Patricia Matamoros Patricia P. Matamoros Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,200 <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,979.58
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1 of 2</i>
2 FILER NAME <i>Sofia C. Benavides</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esparza + Garza</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>964 E. Los Ebanos, Brownsville, TX 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benito Ochoa III</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 1563, Port Isabel, TX 78578</i>		
Principal occupation / Job title (See Instructions) <i>Retired Individual</i>		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Graciela Guillen Lopez</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5183 Daleiden Dr., Brownsville, TX 78526</i>		
Principal occupation / Job title (See Instructions) <i>Retired Teacher</i>		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Guggan Blaire</i>	Amount of contribution (\$) <i>2,500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>PO Box 17428, Austin, TX 78760</i>		
Principal occupation / Job title (See Instructions) <i>Delinquent Tax Collectors</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2 of 2</i>
2 FILER NAME <i>Sofia C. Benavides</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto + Dyluvia Vega</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 1423, San Benito, TX 78586</i>		
8 Principal occupation / Job title (See Instructions) <i>Businessman - Funeral Home</i>		9 Employer (See Instructions)
Date <i>6/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Hernandez</i>	Amount of contribution (\$) <i>2,500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>20410 Texas Creek, San Antonio, TX 78257</i>		
Principal occupation / Job title (See Instructions) <i>Individual</i>		Employer (See Instructions)
Date <i>6/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alida Gonzalez</i>	Amount of contribution (\$) <i>2,500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2307 Silverado S., Mission, TX 78573</i>		
Principal occupation / Job title (See Instructions) <i>Individual</i>		Employer (See Instructions)
Date <i>6/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andres + Suzanne Palma</i>	Amount of contribution (\$) <i>2,500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1801 Battista St., Edinburg, TX 78542</i>		
Principal occupation / Job title (See Instructions) <i>Individual</i>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 9	<b>2</b> FILER NAME Sofia C. Benavidez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1-17-2023	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) 253.88	<b>7</b> Payee address; City; State; Zip Code 4305 N. Expressway 83, Brownsville, TX 78526	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Cell Phone Service	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/6/23	Payee name Claudia Martinez	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1856 Ringgold, Brownsville, TX 78521	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Decorations Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/8/23	Payee name Holiday Inn Austin Towers	
Amount (\$) 399.12	Payee address; City; State; Zip Code 20 N. IH 35, Austin, Texas	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel - Meeting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 2-10-23	5 Payee name Sams Club
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6 Amount (\$) 244.63	7 Payee address; City; State; Zip Code 3570 W. Alton Gloor, Brownsville, TX 78526
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-17-23	Payee name AT + T
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Amount (\$) 254.09	Payee address; City; State; Zip Code 4305 N. Expressway, Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cell Phone Service	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-17-23	Payee name AT & T
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Amount (\$) 254.09	Payee address; City; State; Zip Code 4305 N. Expressway, Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cell Phone Service	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 of 9</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-28-23</b>	5 Payee name <b>Sams Club</b>
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6 Amount (\$) <b>319.65</b>	7 Payee address; City; State; Zip Code <b>3570 W. Alton Glor, Brownsville, TX 78526</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-10-23</b>	Payee name <b>Best Buy</b>
------------------------	-------------------------------

Amount (\$) <b>898.45</b>	Payee address; City; State; Zip Code <b>2701 Pablo Kisel, Brownsville, TX 78526</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printer</b>	Description <b>Printer</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-11-23</b>	Payee name <b>All Valley Media</b>
------------------------	---------------------------------------

Amount (\$) <b>645<sup>00</sup></b>	Payee address; City; State; Zip Code <b>221 W. Wilson, Harlingen, TX 78550</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Design Expense</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4 of 9</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5-15-23</b>	5 Payee name <b>PF Changs</b>	
6 Amount (\$) <b>129.25</b>	7 Payee address; City; State; Zip Code <b>3100 Expressway 83, McAllen, TX 78503</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	(b) Description <b>Meeting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-17-23</b>	Payee name <b>AT &amp; T</b>		
Amount (\$) <b>255.46</b>	Payee address; City; State; Zip Code <b>4305 N. Expressway, Brownsville, TX 78526</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Cell Phone Service</b>	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-19-23</b>	Payee name <b>Brand Booster</b>		
Amount (\$) <b>7,848.12</b>	Payee address; City; State; Zip Code <b>3607 S. "L" Lane, McAllen, TX 78503</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Political Signs</b>	Description <b>Printing</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 5-19-23	5 Payee name Ricardo Longoria
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6 Amount (\$) 250.00	7 Payee address; 2928 Impala, Brownsville, TX 78521	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description D.J.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-19-23	Payee name Solice
-----------------	----------------------

Amount (\$) 270.00	Payee address; 4115 Old Hwy 77, Brownsville, TX 78520	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Political Signs	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-19-23	Payee name Mr. Taco
-----------------	------------------------

Amount (\$) 1,100.00	Payee address; 1034 McDavitt Blvd., Brownsville, TX 78521	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Announcement Party
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6 of 9</i>	2 FILER NAME <i>Sofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-25-23</i>	5 Payee name <i>Juan Montoya</i>	
6 Amount (\$) <i>2,500<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>1301 Old Port Isabel Rd #18, Brownsville, TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-25-2023</i>	Payee name <i>Idea Public Schools</i>
Amount (\$) <i>200.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>4395 Paredes Line Rd., Brownsville, TX 78521</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-26-2023</i>	Payee name <i>Mary Esther Sordela</i>
Amount (\$) <i>152<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1999 W. Jefferson, Brownsville, TX 78520</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Reimbursement for purchase of shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7 of 9</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5-30-23</b>	5 Payee name <b>Sams Club</b>
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6 Amount (\$) <b>119.30</b>	7 Payee address; City; State; Zip Code <b>3570 W. Alton Gloor, Brownsville, TX 78526</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-30-23</b>	Payee name <b>Ernesto Rodriguez</b>
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Amount (\$) <b>125<sup>00</sup></b>	Payee address; City; State; Zip Code <b>4038 Solid Drive, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Putting up signs</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-5-23</b>	Payee name <b>Ernesto Rodriguez</b>
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Amount (\$) <b>125<sup>00</sup></b>	Payee address; City; State; Zip Code <b>4038 Solid Drive, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Putting up signs</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 6-9-23	5 Payee name Harbor Freight
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6 Amount (\$) 167.62	7 Payee address; 1601 E. Price Rd. Ste I, Brownsville, TX 78521	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description Plastic ties to put up signs, etc.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-13-23	Payee name Juan Rivera
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Amount (\$) 125 <sup>00</sup>	Payee address; 9421 Gruta, Brownsville, TX 78521	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Putting up signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-15-23	Payee name Lucila Ethridge
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Amount (\$) 600 <sup>00</sup>	Payee address; 1713 Villanova, Brownsville, TX 78520	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Catering Service	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 6-20-23	5 Payee name Dirty Al's
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6 Amount (\$) 330.59	7 Payee address; 4305 N. Expressway, Brownsville, TX 78526	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-20-23	Payee name AT & T
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Amount (\$) 255.46	Payee address; 4305 N. Expressway, Brownsville, TX 78526	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Cell Phone Service	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-20-23	Payee name Ernesto Rodriguez
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Amount (\$) 125 <sup>00</sup>	Payee address; 4038 Solid Drive, Brownsville, TX 78521	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Putting Up Signs	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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